## type a plus sign (+) inside this box

COPY OF PAPERS ORIGINALLY FILED



TECH CENTER 1600/2900

PTO/SB/82 (10-00)

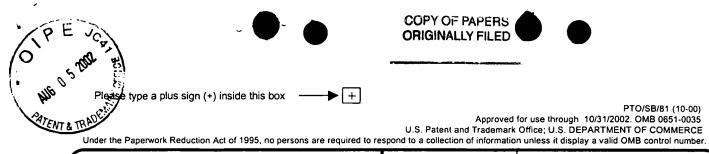
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
for the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/982,978
Filing Date	October 22, 2001
First Named Inventor	Thomas R. Coolidge
Group Art Unit	1646
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:							
A Power of Attorney or Authorization of Agent is submitted herewith.							
OR							
Please change the correspondence address for the above-identified application to:							
Customer Number — Place Customer  Number Bar Code  Label here							
OR			<b></b>				
Firm <i>or</i> Individual Name				•			
Address				*			
Address							
City							
Country		State		ZIP			
Telephone		Fax					
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Fred W. Wagner							
Signature Fredly, Wagn							
Date July 12, 2007							
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total offorms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

	Application Number	09/982,978	
	Filing Date	October 22, 2001	Ħ
	First Named Inventor	Thomas R. Coolidge	오
	Group Art Unit	1646	က္က
	Examiner Name		Ž
	Attorney Docket Number	P05691US1	H.
_			

I hereby appo	int:		2000					
OR	ners at Customer Number 27141  ner(s) named below:		Place Customer Number Bar Code Label here					
Name		Registra	ation Number					
	<del></del>							
ļ								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR								
Firm or			, 100 ( 400 ) ( 400 )					
Individual Na Address	ame							
Address								
City		State	Zip					
Country								
Telephone		Fax						
I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.								
	nt under 37 CFR 3.73(b) is enclosed. (Form P							
SIGNATURE of Applicant or Assignee of Record								
Name Fred W. Wagner								
Signature Ingelly Warsh								
Date Sully 12 200 V								
NOTE: Signatures of all the inventors or estignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
□ *Total offorms are submitted.								